FORM Defail Processing Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response,16.00

Washington, DC

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
ORM LIMITED OFFERING EXEMP

SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							

UNIFORM LIMITED OFFERING EXEM	PHON
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
2008 Stock Option Plan for Members of the Board of Directors and Executive Officers	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	08059421
Toyota Motor Corporation	20009421
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1 Toyota-Cho, Toyota City, Aichi Prefecture 471-8571, Japan	+81-565-28-2121
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	PROCESSED
Manufacturing automotives	
· · · · · · · · · · · · · · · · · · ·	SEP 1 2 2008 >
Type of Business Organization	
	olease specify): THOMSON REUTERS
business trust limited partnership, to be formed	MOMOON
Actual or Estimated Date of Incorporation or Organization: Month Year	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 6 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously supply not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal examples appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

		A. BASIC II	DENTIFICATION DATA		
 Each beneficial ow Each executive off 	the issuer, if the issuer having the pow	suer has been organized er to vote or dispose, or d	within the past five years; lirect the vote or disposition f corporate general and ma	•	a class of equity securities of the issuer. partnership issuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		General and/or Managing Partner
Full Name (Last name first, i Fujio Cho	f individual)				
Business or Residence Addre 4-37-1 Shimobayashi-che			Code) (
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Katsuhiro Nakagawa	f individual)				
Business or Residence Addre 2-29-20 Kyodo, Setagaya	` .		Code)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Kazuo Okamoto	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
2-2-29 Miyagushi-cho, To	yota, Aichi, 471	-0042, Japan			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	· 70/.			
Katsuaki Watanabe					
Business or Residence Addre			Code)		
2-53-6 Tanaka-cho, Toyo	ota, Aichi, 471-0	845, Japan	_		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i Kyoji Sasazu	f individual)				
Business or Residence Addre 1-2 Kikuzaka- Cyo Chiku	•		•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, in Mitsuo Kinoshita	f individual)	,			
Business or Residence Addres 2-11-8 Shiratori Togo-cyc	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director .	Géneral and/or Managing Partner
Full Name (Last name first, ii Takeshi Uchiyamada	(individual)	9-	-		
Business or Residence Address 1-14 Rokku-cho Aza, Oka	•		ode)		·

,		A. BASIC II	DENTIFICATION DATA		
2. Enter the information re	equested for the fo	llowing:			
 Each promoter of 	the issuer, if the iss	suer has been organized	within the past five years;		
 Each beneficial ow 	mer having the pow	er to vote or dispose, or	direct the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
Each executive off	licer and director o	f corporate issuers and o	of corporate general and ma	maging partners of p	partnership issuers; and
Each general and r	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre 4-5-38 Sakae-cho, Toyo			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre 4-2-20 Akasaka, Minato-k			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Yukitoshi Funo	f individual)	<u> </u>			·
Business or Residence Addre	ss (Number and	Street, City, State, Zip (Code) .		
1721 Paseo Del Mar, Pal	os,Verdes State	s, California, 90274,	USA		•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	/ Director	General and/or Managing Partner
Full Name (Last name first, i Atsushi Niimi	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip (Codé)		
32-1 Miyahigashi, Izumid	la-cho, Kariyash	i, Aichi, 448-0004, Ja	apan		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i Hiroshi Takada	f individual)				
Business or Residence Addre 2-410 Chohai, Nagakute-				, , , , , ,	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i Teiji Tachibana	f individual)				
Business or Residence Addre 3-294 Obari, Meito-ku Na	=	** *	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Fult Name (Last name first, i Shinichi Sasaki	f individual)				
Business or Residence Addre 40-3 Nishikuramae-cho A					

		A RASIC	IDENTIFICATION DATA	<u> </u>	
2. Enter the information re	auested for the fo	· · · · ·	DENTI CATION DATA	<u> </u>	 -
	-	•	d within the past five years;		
•		•			f a class of equity securities of the issue
		•	•	•	
		•	of corporate general and m	anaging partners of	partnership issuers; and
 Each general and r 	nanaging partner (of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Office	r 📝 Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre 2-18-22 Sakae-cho, Hino		Street, City, State, Zip 1-0001, Japan	Code)		- 1 S.M
Check Box(es) that Apply:	Promoter	Beneficial Owner	er Executive Office	r. Director	General and/or Managing Partner
Full Name (Last name first, i Yoichiro Ichimaru	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
170 Meitohonmachi, Meito			,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Shoji Ikawa	f individual)	 		•	
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
24-466 Higashinagamine.	, Myodaiji-cho A	za, Okazaki-shi, Aic	hi; 444-0864 ,Japan		
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Koichi Ina	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
3-5-3 Obayashi-cho, Toy	ota, Aichi, 473-	0902, Japan	•		
Check Box(cs) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Shinzo Kobuki	f individual)			<u>,, </u>	
Business or Residence Addre 1-3-6 Izumi-cho Toyota,			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Akira Sasaki	f individual)			·	
Business or Residence Addre Tianjin, China (中国 天)			*-	-	
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				· · · · · · · · · · · · · · · · · · ·
Tadashi Arashima					
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Chaussee de Boitsfort					,

	<u>.</u>	A RASIC ID	ENTIFICATION DATA	<u> </u>	v
2. Enter the information re	emested for the fol	···	ENTIFICATION DATA		
		_	vithin the past five years;		
·		•			along of equity sequeities of the issues
		•			a class of equity securities of the issuer.
		•	corporate general and m	anaging partners of p	artnership issuers; and
Each general and r	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street City State Zin Co	ode)		
3-28-5 Kandaogawa-cho			,		
Charle Danies Andrew		□ PC		CA Diseases	□ C
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Satoshi Ozawa					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
12-21 Hoshigaokamotoma					,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Iwao Nihashi	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
315 Aza Shinki, Taki-cho			,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			·················	
Yasuhiko Ichihashi	,				
Business or Residence Addre	ss (Number and	Street City State 7in Co	ode)		
17928 Cranbrook Ct.			ouc)		
					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Tadashi Yamashina	f individual)				
Business or Residence Addre Raschdorffstr,21,50933 k			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Takahiko Ijichi	f individual)				· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre 8-5-15 Izutsugaoka, Toyo	•	Street, City, State, Zip Co 314, Japan	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director .	General and/or Managing Partner
Full Name (Last name first, i	f individual)	 			
Tetsuo Agata	· murruuar)	•			
Business or Residence Addre	ss (Number and !	Street, City, State, Zin Co	ođe)		
2-1-23 Nakamachi, Okaz			,		

	******	A. BA	SIC IDENT	IFICATION DATA		•	
2. Enter the information re	quested for the fo	llowing:		-			
Each promoter of the second seco	the issuer, if the is	suer has been org	anized within	the past five years;			
 Each beneficial ow 	mer having the pov	ver to vote or dispo	se, or direct t	he vote or dispositio	n of, 10% c	or more of a clas	ss of equity securities of the issuer.
Each executive off	ficer and director o	f corporate issuer	s and of corp	orate general and m	anaging pa	rtners of partne	ership issuers; and
 Each general and r 	nanaging partner o	of partnership issu	ers.				
Check Box(es) that Apply:	Promoter	Beneficial	Owner	Executive Officer	r 🚺 D	irector	General and/or Managing Partner
Full Name (Last name first, i	f individual)						
Business or Residence Addre 21 Nanzan-cho, Showa-	•	Street, City, State ni, 466-0835, Ja					·····
Check Box(es) that Apply:	Promoter	Beneficial	Owner _	Executive Officer	r 🔀 Di	irector 🔲	General and/or Managing Partner
Full Name (Last name first, i Hiroshi Okuda	f individual)				-		
Business or Residence Addre 1-12-18 Umezono-cho Az							
Check Box(es) that Apply:	Promoter	Beneficial	Owner	Executive Officer	Di	irector 🔲	General and/or Managing Partner
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and	Street, City, State	, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial	Owner [Executive Officer	Di	rector	General and/or Managing Partner
Full Name (Last name first, i	f individual)					<u>`</u>	. · ·
Business or Residence Addre	ss (Number and	Street, City, State	; Zip Code)		<u> </u>		.
Check Box(es) that Apply:	Promoter	Beneficial	Owner [Executive Officer	Di	rector [General and/or Managing Partner
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and	Street, City, State	, Zip Code)			*	
Check Box(es) that Apply:	Promoter	Beneficial	Owner [Executive Officer	Di	rector	General and/or Managing Partner
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and	Street, City, State	, Zip Code)		. ,		
Check Box(es) that Apply:	Promoter	☐ Beneficial	Owner	Executive Officer	☐ Di	rector	General and/or Managing Partner
Full Name (Last name first, in	f individual)						
Business or Residence Addres	ss (Number and	Street, City, State	, Zip Code)				
	(Use blan	nk sheet, or copy	and use addit	ional copies of this	sheet, as no	ecessary)	

_													
					В, 1	NFORMAT	ION ABOU	T OFFER	ING		·		
1.	Has the	issuer sol	d, or does t	he issuer i	ntend to se	:ll, to non-a	ccredited:	investors i	n this offer	ing?	***************************************	Yes	No 🗷
				Ans	wer also is	n Appendix	, Column :	2, if filing	under ULC	DE.			•
2.	What is	the minin	ium investr	nent that w	vill be acce	pted from	any individ	iual?	*************	•••••		s	
3.	Does th	e offering	permit join	t ownershi	ip of a sing	gle unit?	*********	,,,				Yes	Νο [\$]
4.		·-			-	='					irectly, any		
											he offering, with a state		
	or state	s, list the n		roker or d	ealer. If m	ore than fiv	e (5) perso	ns to be list	ted are asso		sons of such		
Ful	l Name (Last name	first, if ind	ividual)							•		
Ru	cinece or	Decidence	Address (N	lumber on	d Street C	itu State S	Zin Coda)						
Du.	3111033 01	Residence	Address (I	dinoer and	a Sacci, C	ny, state, z	cip Code)						
Nai	me of As	sociated B	roker or De	aler							٠.		
Sta	tes in Wi	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	;					•
	(Check	"All State:	s" or check	individual	States)							☐ Al	l States
	AL	AK	AZ	AR	CA	CO	(CT)	DE	DC	FL	GA	HI	ID '
	IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NI	NM	NY TOTAL	NC	ND	OH	OK	OR	PA
	RI	<u>SC</u>	SD	TN	[TX]	<u>UT</u>	VT	VA	WA	[WV]	WI	WY]	PR
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	: Address (?	Number an	d Street, C	City, State,	Zip Code)				,		
Naı	ne of Ass	sociated Br	roker or De	aler			•						
				- :	<u> </u>								
Sta			Listed Has " or check							·			l States
	(Circk	All States	or check	maividuai	States)	**************		***************************************		***************************************		Пи	i States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL] MT)	NE NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	ŔĬ	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if indi	vidual)					 				
Bus	iness or	Residence	Address (N	Jumber an	d Street C	ing State	7in Code)						
		Residence	71001035 (1	vannoer an	a sacci, c	ity, State,	cip code)						
Nar	ne of Ass	sociated Br	oker or De	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	•					
	(Check	"All States	or check	individual	States)			•••••••••••••••••••••••••••••••••••••••	•••••••	••••••		☐ AI	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN]	IA	KS	KY	LA	ME	MD	MA	MI	=	MS	MO
	MT]	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH) WV		OR WY	PA PR
		لتنت	رحت	لننت	لتكنف	ر ، ت	لنت		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			لشنن	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	e	Amount Aiready Sold
	Debt	s		s
	Equity	s		
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	s		s
	Partnership Interests	s		s
	Other (Specify Options to purchase common shares	86,398.54		\$ 86,398.54
	Total		_	
	Answer also in Appendix, Column 3, if filing under ULOE.		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate Dollar Amount of Purchases
	Accredited Investors			s 86,398.54
	Non-accredited Investors			\$ 0.00
	·			
	Total (for filings under Rule 504 only)		-	\$
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			·
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A	-		\$
	Rule 504		_	\$
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•		·
	Transfer Agent's Fees			\$
	Printing and Engraving Costs	•••••		\$
	Legal Fees		7	\$_5,000.00
	Accounting Fees			\$
	Engineering Fees		\Box	\$
	Sales Commissions (specify finders' fees separately)		$\overline{\Box}$	\$
	Other Expenses (identify)			\$
	Total		[Z]	s 5,000.00

	G. OFFERING PRICE, NUM	ABER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	and total expenses furnished in response to Part C-	ering price given in response to Part C — Question I — Question 4.a. This difference is the "adjusted gross	,	\$ 81,398.54
5.	each of the purposes shown. If the amount for a	roceed to the issuer used or proposed to be used for my purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross rt C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[] \$ _	. 🗀 s
,	Purchase of real estate	······································		. 🗆 \$
	Purchase, rental or leasing and installation of ma and equipment	nchinery []\$	
	Construction or leasing of plant buildings and fa-	cilities[\$	
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)		T c	
	•			_
		[
				s
	Column Totals	[\$ <u>0.00</u>	2 \$ 81,398.54
	Total Payments Listed (column totals added)		∠] \$ <u>8</u> ′	1,398.54
		D. FEDERAL SIGNATURE		
sig	ature constitutes an undertaking by the issuer to fu	e undersigned duly authorized person. If this notice traish to the U.S. Securities and Exchange Commiss credited investor pursuant to paragraph (b)(2) of R	sion, upon writte	
İssı	er (Print or Type)	Signature)ate	
То	yota Motor Corporation	1 Dans	August 8, 2008	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
	J Odajima	Manager, Human Resources Division, Toyota	Motor Corporati	on.

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$81,398.54 \$
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	
	Purchase of real estate] \$	\$
	Purchase, rental or leasing and installation of made and equipment		ר.	□\$
	Construction or leasing of plant buildings and fac	_	-	_
	Acquisition of other businesses (including the val offering that may be used in exchange for the assessuer pursuant to a merger)	_]\$. 🗋 \$	
	Repayment of indebtedness	-] \$	_	
	Working capital			
	Other (specify):] s	\$_81,398.54
]\$	
	Column Totals		\$ 0.00	☑ \$ 81,398.54
	Total Payments Listed (column totals added)			
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commiss	sion, upon writte	
Iss	uer (Print or Type)	Signature	Pate	
To	yota Motor Corporation	1 Dolo	August 8, 2008	
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
	u Odajima	Manager, Human Resources Division, Toyota	Motor Corporat	ion

